



## **SALT LAKE CITY CORPORATION RISK MANAGEMENT**

### **BASIC NOTICE OF CLAIM INFORMATION**

In general, to make a claim against Salt Lake City Corporation for personal injury or property damage, you are required to comply with the provisions of the Governmental Immunity Act of Utah, Utah Code Ann. § 63G-7, et seq. This can usually be found at your local library or on the Utah State Government website.

The completed Notice of Claim form you submit must be signed by the individual making the claim or by his or her legal representative. Faxed copies are NOT accepted.

Relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s), invoices, etc. maybe submitted with the Notice of Claim Form but are not necessary to file your Notice of Claim.

**Mail your claim to:**

**OR**

**Hand-deliver your claim to:**

Salt Lake City Recorder  
P.O. Box 145515  
Salt Lake City, UT 84114-5515

**451 S State St., Room #415,  
Salt Lake City, Utah.**

**Email your claim to:**

**Hours are M - F 8:00 am to 5:00 pm  
(801) 535-7671**

slcrecorder@slc.gov

slcattorney@slc.gov

**IMPORTANT!!!** This information is provided as a service to the citizens of Salt Lake City and is not intended to substitute for legal advice. There are claims that are not subject to the requirements of the Governmental Immunity Act of Utah and which may be subject to other laws or procedures. Not all claims are honored even if correct procedures are followed; there are many circumstances where a claim need not be paid. You are urged to obtain competent legal advice if you have any questions. In addition, Salt Lake City Corporation makes no warranty as to the correctness or completeness of this information. Requirements of the Governmental Immunity Act of Utah change from time to time. You are responsible for compliance with the current requirements of the Governmental Immunity Act of Utah. The provision of this information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah.



**SALT LAKE CITY CORPORATION  
RISK MANAGEMENT**

**NOTICE OF CLAIM FORM**

*Please Complete One Notice of Claim for Each Claimant*

Claimant's Last Name: \_\_\_\_\_

Claimant's First Name: \_\_\_\_\_

Claimant's Full Address: \_\_\_\_\_

Claimant's Telephone No(s): \_\_\_\_\_

Claimant's Email Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Claimant's Vehicle Information: \_\_\_\_\_  
(Year) (Make) (Model)

Police Case Number: \_\_\_\_\_ Police Department: \_\_\_\_\_

City Department/Employee Involved: \_\_\_\_\_

City Vehicle Involved: \_\_\_\_\_  
(Make) (Model) (License Plate Number)

Brief Statement of Facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Mailing Address: Recorder's Office, P.O. Box 145515, Salt Lake City, UT 84114-5478



## SALT LAKE CITY CORPORATION RISK MANAGEMENT

Nature of Claim Asserted: \_\_\_\_\_

\_\_\_\_\_

Damages Incurred So Far as They are Known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Injuries Incurred So Far as They are Known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date Signed

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Revised November 27, 2024

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